

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

04

D D D / Y Y Y Y Y Y

01

Y Y Y Y Y Y

2014

through

M M M / D D D / Y Y Y Y Y Y

04

D D D / Y Y Y Y Y Y

30

Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Tran

Signature of Treasurer

Thomas Tran

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

05

D D D / Y Y Y Y Y Y

20

Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		131970.74
(b) Cash on Hand at Beginning of Reporting Period.....	137044.46	
(c) Total Receipts (from Line 19) .....	17580.59	76154.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	154625.05	208125.05
7. Total Disbursements (from Line 31) .....	3000.00	56500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	151625.05	151625.05
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12214.09

37874.78

(ii) Unitemized .....

5366.50

38279.53

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17580.59

76154.31

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

17580.59

76154.31

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17580.59

76154.31

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

17580.59

76154.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	53500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	3000.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3000.00	56500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	56500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17580.59	76154.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17580.59	76154.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicholas Abid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11851

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Nicholas Abid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11852

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11853

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 61  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.11854

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lawrence D. Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2014

Transaction ID : SA11AI.11855

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Lawrence D. Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.11856

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

423.06

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lucinda Baily**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11863

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Lucinda Baily**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11864

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11865

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

423.06



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11866

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11867

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11868

Amount of Each Receipt this Period

46.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tanya Bartholomew**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wellcare Health Plans, Inc.

Occupation  
 health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.11869

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Beck**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WellCare Health Plans, Inc.

Occupation  
 health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.11872

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Robert A. Beck**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WellCare Health Plans, Inc.

Occupation  
 health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.11873

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11880

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11881

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11890

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

269.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11891

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11892

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11893

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

384.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cesar M. Castilleja**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11898

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Cesar M. Castilleja**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11899

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11900

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

121.78

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11901

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11916

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11918

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11919

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11920

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11924

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11925

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11928

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11929

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11932

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11933

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11934

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 18 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11935

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11944

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa V. Downey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11946

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa V. Downey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11947

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11958

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11959

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. David J. Gallitano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11976

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. David J. Gallitano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11977

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

423.06

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11986

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Jennifer E. Gillespie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11987

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jennifer E. Gillespie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11988

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11989

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11990

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11993

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11994

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11995

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11996

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Gregg Haddad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.11997

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Gregg Haddad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.11998

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12003

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12004

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Richard M. Hanks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.48

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12009

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Richard M. Hanks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.94

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12010

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.12011

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.12012

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.12015

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12016

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lisa Hershiser**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12017

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa Hershiser**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12018

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12019

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12020

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12023

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12024

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12027

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12028

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12031

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12032

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12035

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12036

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lisa G. Iglesias**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12041

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Lisa G. Iglesias**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12042

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12045

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12046

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12047

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12048

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12049

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12050

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12054

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12055

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12060

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12061

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Stephen Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12062

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Stephen Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12063

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12066

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12067

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12076

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 37 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12077

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12080

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12081

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Gregory A. LaManna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12083

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Gregory A. LaManna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12084

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12085

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12086

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Frank Lopez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12093

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Frank Lopez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12094

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12097

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12098

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12107

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12108

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David J. McNichols**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12117

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David J. McNichols**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12118

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12123

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12124

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Gina Newberry**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12134

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Gina Newberry**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12135

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

## **B. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12136

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

## **C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12137

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12140

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12149

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12150

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12154

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12155

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

480.75

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jayme Anelalani Puu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12162

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jayme Anelalani Puu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12163

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12164

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

118.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12165

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12176

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12177

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

118.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12178

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12179

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12182

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12183

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12186

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12187

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Katherine Ryland**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11Al.12192

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Katherine Ryland**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11Al.12193

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Elliott A. Shaw Jr.**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11Al.12204

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

126.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 51 OF 61

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12205

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12210

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12211

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

242.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12223

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher P. Surrall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12226

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher P. Surrall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12227

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12237

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Tran**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12241

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Thomas Tran**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12242

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12245

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

423.06

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12246

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Steven A. Vetrano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12247

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Steven A. Vetrano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12248

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12259

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12260

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12263

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

123.32

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12264

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Teddy J. Webster**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12265

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Teddy J. Webster**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12266

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

116.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sandra White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12277

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sandra White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12278

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12287

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12296

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.12302

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.12303

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

12214.09

	21b		22		23		24		25		26
	27		28a		28b		28c		X		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Category/  
Type

04 / 21 / 2014

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

Category/  
Type

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '21' with two small squares above it. The third display shows '2014' with four small squares above it.

Category/  
Type

3000.00

3000.00